



For Office Use Only:

Date TB No:.....

Refs sent..... Refs Received.....

Password.....

Somersham and Pidley Time Bank

Please return completed form to The Norwood Building, Parkhall Road, Somersham, Cambs, PE28 3HE or email to lucy.bird@somersham-pc.gov.uk.

Personal Details

| | | |
|---|---|----------------|
| Title: | Name: | Gender: |
| D.O.B: | Home No: | Mob No: |
| Email: | Internet User?: Yes / No | |
| Address: | | |
| | | |
| Housing: <i>Owner / Private Tenant / Socially rented</i> | Type: Flat / Bungalow / House / Mobile Home/ Other | |
| Living: <i>Alone / with family / with spouse / Other</i> | | |

Mobility and Transport

Please give details of any disabilities or mobility problems: (NB: This is to give us an indication of assignments that would or would not be suitable for you)

Mobility Aids Used: None / Wheelchair / Walking Frame / Walking Stick / Crutches / Mobility Scooter / Other

What are your main methods of Transport?: Public Transport / Car / Bicycle / Scooter / Mobility Vehicle / Other

Do you hold a current UK Driving License? Yes/No | **Do you own your own car?:** Yes/No

Emergency contact

| | |
|---------------------------------|---------------|
| Name: | Phone: |
| Relationship: | |
| Doctor's Name/Telephone: | |

Availability

To help us plan our activities, please indicate which days & times are you likely to be available to offer help within the Time Bank?

| | Mon | Tues | Weds | Thurs | Fri | Sat | Sun |
|----------------|-----|------|------|-------|-----|-----|-----|
| AM | | | | | | | |
| PM | | | | | | | |
| Evening | | | | | | | |

Background information – to help us set up suitable exchanges please tick

| | | | |
|------------------|--|----------------|--|
| Smoker | | Cat Owner | |
| Smoke tolerant | | Dog tolerant | |
| Smoke intolerant | | Dog intolerant | |
| Dog Owner | | Cat allergies | |

Criminal Convictions

If you have a police record, you can still volunteer, however the nature of volunteering is such that you are exempt from the Rehabilitation of Offenders Act 1974. In rare cases a police check may be required because of regular access to vulnerable people.

Do you have any criminal convictions/offences? Yes / No

Are you willing to have a Disclosure and Barring Services (DBS) Check if required? Yes / No

References

We want to ensure that as a Time Bank Member you and your family are safe, so for everyone involved in the scheme we take up references. References should not be from a spouse or partner or an immediate member of your family.

| Reference 1 | Reference 2 |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| Telephone: | Telephone: |
| Email: | Email: |

Time Bank Promotion

How did you find out about the Time Bank?

Why do you want to join the Time Bank

Do you use Social Media (Facebook, Streetlife, Twitter)?

If you are considering working at any time in the future, please tick any areas of advice you would find useful:

- | | | |
|--|---|---|
| <input type="checkbox"/> Changing career | <input type="checkbox"/> Career progression | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> Online job hunting | <input type="checkbox"/> Writing a good CV | <input type="checkbox"/> Interview skills |
| <input type="checkbox"/> Being more attractive to employers | <input type="checkbox"/> Maintaining Confidence while on a career break | <input type="checkbox"/> Developing or brushing up on skills for work |
| <input type="checkbox"/> Using timebanking/other volunteering to increase chance of employment | <input type="checkbox"/> Returning to work after a break | <input type="checkbox"/> Building confidence |

Time Bank Ground Rules

As a participant of Time Bank I agree to:

1. Respect another participant's privacy or confidentiality
2. Respect other participant's viewpoints, and to not pressure another participant to accept my religious beliefs or political views.
3. Not involve my friends or relatives in time bank activities by bringing them to a participant's home or venue of time exchange, unless agreed with the Time Bank as being part of a group activity.
4. Not ask for or accept money, gifts or tips from other participants.
5. Not eat or drink a participant's food and drink, unless invited to do so.
6. A no smoking policy in a participant's home or venue of time exchange.
7. Not use any possessions of the participant, including the telephone, unless given clear permission to.
8. Always treat other participants respectfully.
9. Not exchange hours unless the time bank are aware (otherwise forfeit insurance cover).

The Time Bank will maintain a photographic record of the activities undertaken by participants. These may be used in our newsletter and for general publicity, including the Time Banks UK website. I give my permission for photos to be used for the Time Bank publicity.

Yes/No

I agree to abide by the above Standards of Care, and confirm that the information given on this form is correct to the best of my knowledge

Signature:

Date:

Print Name:

Signature of Parent/Guardian if under 18

Date:

Print Name:

The surveys below and attached are optional

Our Timebank is currently part-funded by Local Enterprise Partnerships (LEP), and Somersham/Pidley Parish Councils. The funders are keen to find out whether Timebanking has an impact on participants quality of life, including health and well-being, employability and to discover who benefits most. We would be grateful if you would answer the following questions to enable us to evaluate the project. In line with the Data Protection Act 1998 we will not use your data for any other purpose or share it with anyone outside of these organisations or researchers directly contracted on our behalf.

| | Yes | No |
|---|--------------------------|--------------------------|
| I consent to take part in the study. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand the information will be kept confidentially. | <input type="checkbox"/> | <input type="checkbox"/> |
| I understand I will be anonymised so I cannot be identified. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent to being contacted in the future to complete another form. | <input type="checkbox"/> | <input type="checkbox"/> |
| I consent for the researcher to access a list of my time bank activity. | <input type="checkbox"/> | <input type="checkbox"/> |

1. Are you currently...?

- | | |
|--|--|
| <input type="checkbox"/> Unemployed (looking for work) | <input type="checkbox"/> Employed or self-employed part time |
| <input type="checkbox"/> Unable to work (due to illness or disability) | <input type="checkbox"/> In education |
| <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed or self-employed full time | <input type="checkbox"/> Other |

2. What is your highest qualification?

- | | |
|--|---|
| <input type="checkbox"/> 1 or more GCSEs at below Grade C, BTEC, NVQ Level 1 | <input type="checkbox"/> HND, Btec higher, HE diploma, Degree or above, NVQ Level 4/5 |
| <input type="checkbox"/> 5 or more GCSEs at Grades A-C, NVQ Level 2 | <input type="checkbox"/> No qualifications |
| <input type="checkbox"/> A'Levels, NVQ Level 3 | <input type="checkbox"/> Other |

3. How would you describe your ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> White or White British | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Black or Black British | <input type="checkbox"/> Chinese or other ethnic group |
| <input type="checkbox"/> Asian or Asian British | <input type="checkbox"/> Prefer not to say |

4. Do you use any care and support services?

- Yes
 No
- If yes please specify _____

5. Are you a carer for a friend or relative?

- Yes
 No
- Not sure

Thank you for completing this questionnaire. Is there anything else you would like to add?

| | |
|----------------|--|
| Signed: | |
| Date | |

